

LCRB Mid Year Report Form (January 1 through June 30)

Agency Name:									
Date Submitted:									
Program Funded:									
Prepared By:									
Telephone Number:									
Email Address:									
How many children/youth served?									

**1. Brief program description:**

**2. Please list Goal #1 (based upon your Clinical Outcomes application)**

A. Was this goal met?

If yes, how did you achieve success? If no, why not? What are your plans to reach your goal by the next reporting period?

B. Was there any change in methodology?

C. Verification of Goals (e.g. staffing reports, training logs, tests, meetings, etc.) What process do you have in place to verify your attainment of goal?

[Empty orange response area]

**3. Please list Goal #2 (based upon your Clinical Outcomes application)**

[Empty orange response area]

A. Was this goal met?

[Empty orange response area]

If yes, how did you achieve success? If no, why not? What are your plans to reach your goal by the next reporting period?

[Empty orange response area]

B. Was there any change in methodology?

C. Verification of Goals (e.g. staffing reports, training logs, tests, meetings, etc.) What process do you have in place to verify your attainment of goal?

**4. Please list Goal #3 (based upon your Clinical Outcomes application)**

A. Was this goal met?

If yes, how did you achieve success? If no, why not? What are your plans to reach your goal by the next reporting period?

[Large empty orange box for reporting]

B. Was there any change in methodology?

[Empty orange box for reporting]

[Large empty orange box for reporting]

C. Verification of Goals (e.g. staffing reports, training logs, tests, meetings, etc.) What process do you have in place to verify your attainment of goal?

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**FOR ADDITIONAL GOALS LISTED IN YOUR PROPOSAL,  
PLEASE USE ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.**

Comments:

A large rectangular area with a light orange background, intended for providing additional comments or goals. The area is currently blank.